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DIVISION OF ACADEMIC AFFAIRS
WORKLOAD SPREAD REQUEST FORM

Name: _____

College: _____ Department: _____

Fill in the proposed work assignment in the grid below. Email the Office of Faculty Affairs at

Facaffairs@calstatela.edu after obtaining approval of the Chair/Director and Dean.

I would like to request a workload spread for Academic Year _____

Summer		**Fall Semester**		**Spring Semester**	
WTU	0	WTU	0	WTU	0
SETU	0	SETU	0	SETU	0
OTHER	0	OTHER	0	OTHER	0
TOTAL	0	TOTAL	0	TOTAL	0

Explanation of Other: Total Units: 0

Faculty Signature Date

Chair/Director Signature Date

Dean Signature Date

Director of Faculty Affairs Signature Date